

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013682

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1073VS 300
Rev. 4/5914031
240002

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN NormandyLength of stay in 1b
1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Normandy Osteopathic Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saint Louisc. CITY OR TOWN Velda Village Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 6529 Woodrow Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Calvin

Middle

J.

Last

Smith

4. DATE OF DEATH

Month

Day

Year

Apr. 2, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/15/1907

9. AGE (last birthday)

54 yrs

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Truck Driver10b. KIND OF BUSINESS OR INDUSTRY
Pic Walsh Company11. BIRTHPLACE (City and state or country)
Willisville, Illinois12. CITIZEN OF WHAT COUNTRY
U SA

13a. FATHER'S NAME

William J. Smith

13b. MOTHER'S MAIDEN NAME

Della Darrough

14. NAME OF HUSBAND OR WIFE

Edith Mayfield Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Edith Smith, 6529 Woodrow 20

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary Artery
Posterior wall Myocardial Infarction
Coronary Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

2 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Healed posterior wall Myocardial Infarction & Diastolic Myocarditis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-7-62 to 4-2-62 and last saw her/him alive on 4-1-62
Death occurred at 12:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

ST Louis Co. Mo.

22c. DATE SIGNED

4-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/4/62

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

4-3-62

26. REGISTRAR'S SIGNATURE

John C. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert E. Muhlman

Licensed Embalmer No. 4816

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.